

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 596 489

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		1		1		
4		1		1		
5		2		1		
6		2		1		
7		2		1		
8		①		1		
9		①		1		
10		①		1		
11		①		1		
12		①		1		
13		①		1		
14		2		1		
15		2		1		
16		①		1		
17		①		1		
18		①		1		
19		①		1		
20		2		1		
21		2		1		
22		2		1		
23		2		1		
24		2		1		
25		①		1		
26		①		1		
27		①		1		
28		①		1		
29		①		1		
30		①		1		
31		①		1		
32		①		1		
33		①		1		
34		①		1		
35		①		1		
36		①		1		
37		①		1		
38		①		1		
39		①		1		
40		①		1		
41		①		1		
42		①		1		
43		①		1		
44		①		1		
45		①		1		
46		①		1		
47		①		1		
48		①		1		
49		①		1		
50		①		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		①		1		
52		①		1		
53		①		1		
54		①		1		
55		①		1		
56		①		1		
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	64	←	54	←		←
TOTAL CLAIMS	66		56			